

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IN005330	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2012
NAME OF PROVIDER OR SUPPLIER SCHNECK MEDICAL CENTER HOME HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 411 W TIPTON ST SEYMOUR, IN 47274		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments This was an offsite licensure investigation survey. Survey Date: 7/2/12 Facility Number: IN005330 CCN: 157155 Medicaid Number; 100264320A Surveyor: Kelly Hemmelgarn RN During this offsite investigation, the agency was found to be operating without a current Indiana Home Health license.	N 000		
N 434	410 IAC 17-11-3 Renewal of home health licensure Rule 11 Sec. 3 An application for renewal of license shall be filed with the department at least sixty (60) days prior, but not sooner than ninety (90) days before, the expiration date of the current license. This RULE is not met as evidenced by: Based on document review and interview, the home health agency failed to ensure the renewal application for licensure was filed at least 60 days prior to the expiration of the Indiana home health license. Findings include: 1. A letter from Indiana State Department of Health dated 2/29/12, stated, "Dear [administrator's name]: Our records indicate that	N 434		

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

USM711

If continuation sheet 1 of 2

Indiana State Department of Health

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N 434	<p>Continued From page 1</p> <p>your agency's license to operate a home health agency in the State of Indiana will expire 6/30/12. Enclosed is a renewal application for you to complete and submit with requested documentation and \$250 license fee to: ... Please ensure your application is complete and arrives in advance of your facility's license expiration 6/30/12"</p> <p>3. Indiana State Department of Health received a renewal application on 6/15/12. This was not 60 days prior to expiration of the license. The renewal application received was missing information and was unable to be processed as submitted.</p> <p>5. The administrator was called on 7/2/12 at 4:30 p.m. regarding license expiration. The administrator indicated not being aware of the 60 day requirement for submitting the renewal application.</p>	N 434			